

**For Office Use**

Family Name: \_\_\_\_\_

School Year: 2020 - 2021

Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**Parish Religious Education Program Registration Form**  
 Sacred Heart Church, Havertown, PA

**New students only.**

***Complete Form. Please print clearly.***

***First time registrations, please bring a copy of your child's Baptismal Certificate if not baptized at Sacred Heart.  
 If you child has received his/her First Communion please bring a copy of his/her certificate.***

Child's Full Name (First, Middle, & Last if different that family name)	Sex M/F	Date of Birth	Grade Level	Name of Day School	Baptism Date & Parish ***Need baptismal certificate if not baptized at Sacred Heart	Received First Reconciliation	Received First Communion
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's *maiden* name \_\_\_\_\_ Child's Place of birth (*hospital, town*) \_\_\_\_\_

**CUSTODY: Are there any custody/legal issues?**  Yes  no (If yes, please provide a complete copy of the latest court order.)

\*Name of person responsible for Religious Education if not a Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

\*Parent/guardian must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

- I have read the Parent Handbook and agree to the requirements and expectations of the Sacred Heart Religious Education Program
- I give permission for my child's picture to appear on the parish name website, bulletin boards, and newspaper articles in relation to events that happen in the parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at Sacred Heart Parish.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/LEARNING DATA**

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability* / Learning Support Services	Individualized Education Program <b>IEP</b>
				<input type="checkbox"/> YES
				<input type="checkbox"/> NO

Is there other information about your child that should be communicated?

\_\_\_\_\_

\* As defined by *Individuals with Disabilities Education Act* (IDEA), the term "child with a disability" means a child:

"with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

**How will you be of service this year to the Parish Religious Education Program?**

- Catechist
- Substitute catechist
- Aide
- Substitute Aide
- Parking lot
- Office helper

**Please indicate first choice and second choice.**

Monday - 4:20 p.m. to 5:35 p.m.  
Grades 1 to 6

Monday - 6:30 p.m. to 7:45 p.m.  
Grades 1 to 8